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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : PARASEC Account Number : I20180000086 Phone : (916)576-7000

Fax Number : (800)603-5868

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

LLC REGISTERED AGENT RESIGNATION **R2 RINALDI ROLSTON INVESTMENTS LLC**

| Certificate of Status | 0 |
|-----------------------|---------|
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M. SOLOMON APR 1 5 2024

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STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

| Pursuant to the provisi | ons of section 605.0115, Florida Statutes, the under | signed, | | |
|--------------------------------------|---|-------------------------------------|-------------|-------|
| ROCKET LAWYER CORPORATE SERVICES LLC | | _, hereby resigns as | | |
| | Name of Registered Agent | , licitory resigns as | | |
| Registered Agent for _ | R2 RINALDI ROLSTON INVESTMENTS | LLC | | |
| | Name of Limited Liability Company | | | |
| L18000049420 | | | | |
| Document ? | Vumber, if known | | | |
| A copy of this resignat | ion was mailed to the above listed limited liability of | company at its last known address. | | |
| The agency is terminat | ed and the office discontinued on the 31st day after | the date on which this statement is | filed. | |
| | Signature of Resigning Agent | | 2024 APR | - , - |
| if signing on behalf of an entity: | | | - [| |
| | EDNA PERRY | | S | |
| | Typed or Printed Name | | P | T |
| | Asst. Secretary Rocket Lawyer Corporate Services I | LC | | |
| | Capacity | · . | 32 | |

Make checks payable to Fiorida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

FILING FEES:
\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/voluntarily dissolved/
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